

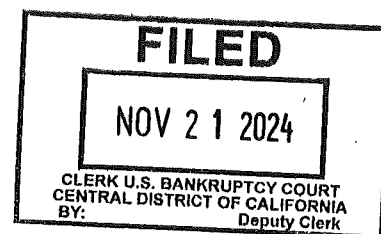
Fill in this information to identify the case:

Debtor 1 Beatrice Meir
First Name Middle Name Last Name

Debtor 2
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the Central District of California

Case number: 2:20-bk-12134-SK



Form 1340 (12/23)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimant

Amount: \$ 251,028.20

Claimant's Name: Estate of BEATRICE MEIR

Claimant's Current Mailing Address, Telephone Number, and Email Address: Francene Davis, Administrator
6481 Atlantic Ave, N102
Long Beach, Ca. 90805
(424) 236-1315

2. Claimant Information

Applicant² represents the following:

- ☐ The Claimant is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☒ The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:
Beatrice Meir
- ☐ If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

3. Applicant Information

Applicant represents the following:

- ☐ Applicant is the Claimant.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☒ Applicant is a representative of the deceased Claimant's estate.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

5. Notice to United States Attorney

- ☒ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Central District of California
Civil Process Clerk-Federal Building
300 North Los Angeles Street, Room 7516
Los Angeles, CA 90012

6. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date: 9/6/2024

Francene Davis

Signature of Applicant

Francene Davis

Printed Name of Applicant

Address: Francene Davis, Administrator
6481 Atlantic Ave, N102
Long Beach, Ca. 90805

Telephone: (424) 236-1315

Email: francenedavis@aol.com

6. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date: _____

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address: _____

Telephone: _____

Email: _____

7. Notarization

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STATE OF California

COUNTY OF Los Angeles

This Application for Unclaimed Funds, dated 09/19/24, was subscribed and sworn to (or affirmed) before me on this 6th day of September, 2024 by

Francene Davis

who proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

Notary Public

[Signature]



O. STEVE OSADUA
COMM. #2385106
Notary Public - California
Los Angeles County
My Comm. Expires Dec. 23, 2025

UNITED STATES OF BANKRUPTCY COURT
CENTRAL DISTRICT OF CALIFORNIA

IN RE:

BEATRICE MEIR

Case No: 2:20-bk-12134-SK

Chapter 7

Debtor(s).

CERTIFICATE OF SERVICE

I certify a copy of the Application for Payment of Unclaimed Funds and the required supporting Documentation were sent by: US Mail, Priority Mail , postage prepaid, Tracking No 9405 5112 0620 5446 8976 11.

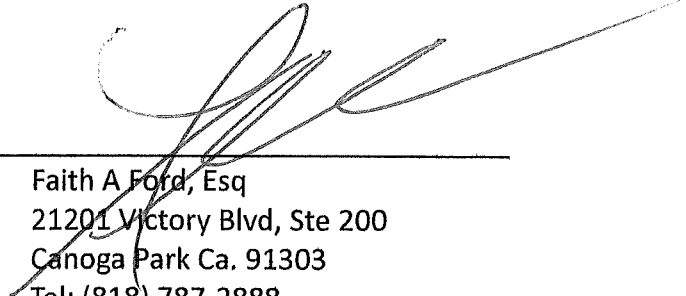
to the following:

Office of the United States Attorney
Central District of California
Civil Process Clerk - Federal Bldg
300 N. Los Angeles Street, Room 7516
Los Angeles, CA. 90012

I certify a copy of the Application for Payment of Unclaimed Funds was sent by:

A copy was not sent as previous Owner of the claim Beatrice Meir is deceased. Administrator for the Estate of Beatrice Meir is making the claim. Probate Case No. 23STPB04464

Dated: 10/24/2024



Faith A Ford, Esq
21201 Victory Blvd, Ste 200
Canoga Park Ca. 91303
Tel: (818) 787-2888
Email: fford@faithlaw.org

PROOF OF SERVICE OF DOCUMENT

I am over the age of 18 and not a party to this bankruptcy case or adversary proceeding. My business address is:
Faith A Ford 21201 Victory Blvd, Ste, 200, Canoga Park, Ca. 91303 (818) 787-2888. email: fford@faithlaw.org

A true and correct copy of the foregoing document entitled (*specify*):
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS - Estate of Beatrice Meir

will be served or was served **(a)** on the judge in chambers in the form and manner required by LBR 5005-2(d); and **(b)** in the manner stated below:

1. TO BE SERVED BY THE COURT VIA NOTICE OF ELECTRONIC FILING (NEF): Pursuant to controlling General Orders and LBR, the foregoing document will be served by the court via NEF and hyperlink to the document. On (*date*) _____, I checked the CM/ECF docket for this bankruptcy case or adversary proceeding and determined that the following persons are on the Electronic Mail Notice List to receive NEF transmission at the email addresses stated below:

☐ Service information continued on attached page

2. SERVED BY UNITED STATES MAIL:

On (*date*) 10/24/2024, I served the following persons and/or entities at the last known addresses in this bankruptcy case or adversary proceeding by placing a true and correct copy thereof in a sealed envelope in the United States mail, first class, postage prepaid, and addressed as follows. Listing the judge here constitutes a declaration that mailing to the judge will be completed no later than 24 hours after the document is filed.

U.S. Bankruptcy Court
Central District of California
ATTN: Unclaimed Funds Processor
255 E. Temple St, Room 947
Los Angeles, CA 90012

Office of the United States Attorney
Central District of California
Civil Process Clerk - Federal Bldg
300 N. Los Angeles Street, Room 7516
Los Angeles, CA. 90012

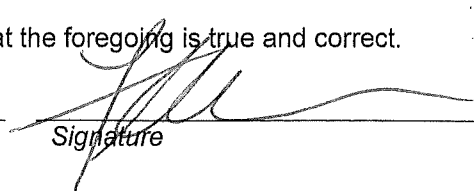
☐ Service information continued on attached page

3. SERVED BY PERSONAL DELIVERY, OVERNIGHT MAIL, FACSIMILE TRANSMISSION OR EMAIL (*state method for each person or entity served*): Pursuant to F.R.Civ.P. 5 and/or controlling LBR, on (*date*) _____, I served the following persons and/or entities by personal delivery, overnight mail service, or (for those who consented in writing to such service method), by facsimile transmission and/or email as follows. Listing the judge here constitutes a declaration that personal delivery on, or overnight mail to, the judge will be completed no later than 24 hours after the document is filed.

☐ Service information continued on attached page

I declare under penalty of perjury under the laws of the United States that the foregoing is true and correct.

10/24/2024 Faith A Ford
Date Printed Name


Signature

DE-150

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Faith A Ford (SBN 207337) Tel: (818) 787-2888 Fax (866) 860-3165 21201 Victory Blvd, Ste 200 Canoga Park, CA 91303 Email: fford@faithlaw.org		Electronically FILED by Superior Court of California, County of Los Angeles 9/7/2023 2:41 PM David W. Slayton, Executive Officer/Clerk of Court, By S. Katourjian, Deputy Clerk
ATTORNEY FOR (Name): Petitioner, Francene Davis		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N. Hill Street MAILING ADDRESS: Same CITY AND ZIP CODE: Los Angeles, CA 90012 BRANCH NAME: Central District		
ESTATE OF (Name): BEATRICE MEIR DECEDENT		
LETTERS <input type="checkbox"/> TESTAMENTARY <input checked="" type="checkbox"/> OF ADMINISTRATION <input type="checkbox"/> OF ADMINISTRATION WITH WILL ANNEXED <input type="checkbox"/> SPECIAL ADMINISTRATION		CASE NUMBER: 23STPB04464

- LETTERS**
1. ☐ The last will of the decedent named above having been proved, the court appoints (name):
- a. ☐ executor.
b. ☐ administrator with will annexed.
2. ☒ The court appoints (name):
FRANCENE DAVIS
- a. ☒ administrator of the decedent's estate.
b. ☐ special administrator of decedent's estate
(1) ☐ with the special powers specified in the Order for Probate.
(2) ☐ with the powers of a general administrator.
(3) ☐ letters will expire on (date):
3. ☒ The personal representative is authorized to administer the estate under the Independent Administration of Estates Act ☒ with full authority
☐ with limited authority (no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).
4. ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

WITNESS, clerk of the court, with seal of the court affixed.



Date: 9/7/2023

Date:

Clerk, by

S. Katourjian

(DEPUTY)

S. Katourjian

- AFFIRMATION**
1. ☐ PUBLIC ADMINISTRATOR: No affirmation required (Prob. Code, § 7621(c)).
2. ☒ INDIVIDUAL: I solemnly affirm that I will perform the duties of personal representative according to law.
3. ☐ INSTITUTIONAL FIDUCIARY (name):
- I solemnly affirm that the institution will perform the duties of personal representative according to law. I make this affirmation for myself as an individual and on behalf of the institution as an officer.
(Name and title):
4. Executed on (date): August 3, 2023
at (place): Los Angeles, California.

Francene Davis
(SIGNATURE)

CERTIFICATION

I certify that this document is a correct copy of the original on file in my office and the letters issued the personal representative appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

(SEAL)

Date:

Clerk, by

(DEPUTY)

DE-140

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): Faith A Ford (207327) Faith Law 21201 Victory Blvd, Suite 200 Canoga Park, Ca 91303		TELEPHONE AND FAX NOS.: (818) 787-2888 (866) 860-3165 Email: fford@faithlaw.org	Electronically FILED Superior Court of California County of Los Angeles 8/8/2023 2:54 PM David W. Slayton Executive Officer/Clerk of Court, By J. Orozco, Deputy Clerk
ATTORNEY FOR (Name): Pet. Francene Davis			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF LOS ANGELES STREET ADDRESS: 111 N Hill Street MAILING ADDRESS: Same CITY AND ZIP CODE: 111 N. Hill Street BRANCH NAME: Central Judicial District			
ESTATE OF (Name): BEATRICE DAVIS- MEIR DECEDENT			
ORDER FOR PROBATE ORDER APPOINTING <input type="checkbox"/> Executor <input type="checkbox"/> Administrator with Will Annexed <input checked="" type="checkbox"/> Administrator <input type="checkbox"/> Special Administrator <input checked="" type="checkbox"/> Order Authorizing Independent Administration of Estate <input checked="" type="checkbox"/> with full authority <input type="checkbox"/> with limited authority		CASE NUMBER: 23STPB04464	
WARNING: THIS APPOINTMENT IS NOT EFFECTIVE UNTIL LETTERS HAVE ISSUED.			

1. Date of hearing: **July 17 2023** Time: **8:30 am** Dept./Room: **67** Judge: **Daniel Juarez**

THE COURT FINDS

2. a. All notices required by law have been given.

b. Decedent died on (date): **09/14/2017**

(1) ☒ a resident of the California county named above.

(2) ☐ a nonresident of California and left an estate in the county named above.

c. Decedent died

(1) ☒ intestate

(2) ☐ testate

and decedent's will dated:

and each codicil dated:

was admitted to probate by Minute Order on (date):

The petition for final distribution or status report shall be filed not later than 10/21/2024 and set for hearing. An Order to Show Cause re status of Distribution is set for hearing on 12/16/2024.

THE COURT ORDERS

3. (Name): **FRANCENE DAVIS**

is appointed **personal representative**:

a. ☐ executor of the decedent's will

b. ☐ administrator with will annexed

c. ☒ administrator

d. ☐ special administrator

(1) ☐ with general powers

(2) ☐ with special powers as specified in Attachment 3d(2)

(3) ☐ without notice of hearing

(4) ☐ letters will expire on (date):

and letters shall issue on qualification.

4. a. ☒ **Full authority** is granted to administer the estate under the Independent Administration of Estates Act.

b. ☐ **Limited authority** is granted to administer the estate under the Independent Administration of Estates Act (there is no authority, without court supervision, to (1) sell or exchange real property or (2) grant an option to purchase real property or (3) borrow money with the loan secured by an encumbrance upon real property).

5. a. ☒ Bond is not required.

b. ☐ Bond is fixed at: \$

to be furnished by an authorized surety company or as otherwise

provided by law.

c. ☐ Deposits of: \$

are ordered to be placed in a blocked account at (specify institution and

location):

and receipts shall be filed. No withdrawals shall be made without a court order. ☐ Additional orders in Attachment 5c.

d. ☐ The personal representative is not authorized to take possession of money or any other property without a specific court order.

6. ☒ (Name): **Margaret L. Wallace**

is appointed probate referee.

Daniel Juárez
JUDGE


Date: **08/08/2023**

JUDGE OF THE SUPERIOR COURT

JO

7. Number of pages attached: _____

☐ SIGNATURE FOLLOWS LAST ATTACHMENT

 IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 10-31-2023

Employer Identification Number:
93-6833974

Form: SS-4

Number of this notice: CP 575 B

BEATRICE MEIR ESTATE
FRANCENE MEIR DAVIS ADM
6481 ATLANTIC AVE NUM N102
LONG BEACH, CA 90805

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 93-6833974. This EIN will identify your estate or trust. If you are not the applicant, please contact the individual who is handling the estate or trust for you. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Form 1041

10/15/2024

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

1 FAITH A. FORD, ESQ. (SBN 207327)
2 FAITH LAW
3 21201 Victory Blvd., Suite 200
4 Canoga Park, CA 91303
5 Tel: 818-787-2888
6 Fax: 866-860-3165
7 Email FFord@faithlaw.org

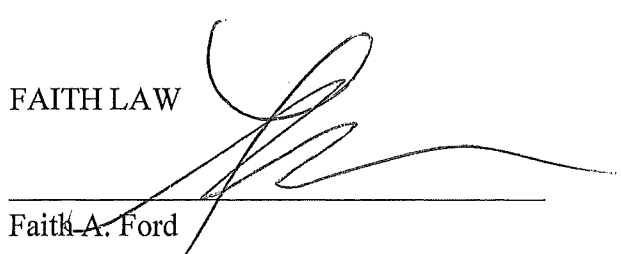
8 I, Attorney Faith Ford declare; I am the attorney for the Estate of
9 BEATRICE MEIR, Decedent, Superior Court of California, County of Los
10 Angeles, Case No. 23STPB4464. I am duly authorized to practice law in the
11 State and Federal Courts of California. I offer this declaration pursuant to
12 California Rules of Court, Rule 1225; California Civil Code of Procedure Section
13 201.5 and Reifler v. Superior Court (1974) 39 Cal.App.3d479. If called upon to
14 testify as a witness, I could and would competently testify to the following facts,
15 all of which are within my own personal knowledge, except those matters
16 alleged on information and belief, and as to those matters, I believe them to be
17 true.

18 I am submitting this application for payment of Unclaimed Funds on
19 behalf of the Estate of Beatrice Meir, case number referenced above.
20

21 I declare under penalty of perjury pursuant to the law of the State of
22 California and the United States of America that the forgoing is true to the best
23 of my knowledge.

24
25 Dated: May 9, 2024

FAITH LAW

26
27 
28 Faith A. Ford
Attorney for Estate of Beatrice Meir

COUNTY OF LOS ANGELES

REGISTRAR-RECORDER/COUNTY CLERK

3052017189571

CERTIFICATE OF DEATH

3201719042009

STATE FILE NUMBER		STATE OF CALIFORNIA (USE BLACK INK ONLY FOR PRINTING IN RED, WHITE INK OR ALTERNATION VS-1 (REV 3/05))		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE		3 LAST (Family)	
BEATRICE				MEIR	
AKA ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)					
4 DATE OF BIRTH mm/dd/yyyy		5 AGE Yrs		6 SEX	
1944		73		F	
9 BIRTH STATE/FOREIGN COUNTRY		10 SOCIAL SECURITY NUMBER		11 EVER IN U.S. ARMED FORCES?	
AL				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12 MARITAL STATUS/ORDP at time of Death		13 DATE OF DEATH mm/dd/yyyy		14 HOUR (24 Hours)	
WIDOWED		2017		0736	
15 EDUCATION - Highest Level (Degrees, Diplomas, etc.)		16 DECEDENT'S RACE - (Up to 3 races may be listed (see work sheet on back))			
HS GRADUATE		AFRICAN AMERICAN			
17 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		18 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)		19 YEARS IN OCCUPATION	
POSTAL WORKER		GOVERNMENT POSTAL SERVICES		37	
20 DECEDENT'S RESIDENCE (Street and number, or location)					
425 MARKTON STREET					
21 CITY		22 COUNTY/PROVINCE		23 ZIP CODE	
LOS ANGELES		LOS ANGELES		90061	
24 YEARS IN COUNTRY		25 STATE/FOREIGN COUNTRY			
54		CA			
26 INFORMANT'S NAME, RELATIONSHIP					
FRANCENE MEIR-DAVIS, DAUGHTER					
27 INFORMANT'S MAILING ADDRESS (Street and number or rural route number, city or town, state and zip)					
425 MARKTON STREET, LOS ANGELES, CA 90061					
28 NAME OF SURVIVING SPOUSE/ORDP - FIRST		29 MIDDLE		30 LAST (BIRTH NAME)	
31 NAME OF FATHER/PARENT - FIRST		32 MIDDLE		33 LAST	
BELTON				COBB	
34 NAME OF MOTHER/PARENT - FIRST		35 MIDDLE		36 LAST (BIRTH NAME)	
BEATRICE				HILL	
37 BIRTH STATE		38 BIRTH STATE			
AL		AL			
39 DISPOSITION DATE mm/dd/yyyy		40 PLACE OF FINAL DISPOSITION RES. OF FRANCENE MEIR-DAVIS			
10/02/2017		425 MARKTON STREET, LOS ANGELES, CA 90061			
41 TYPE OF DISPOSITION(S)		42 SIGNATURE OF EMBALMER		43 LICENSE NUMBER	
CR/RES		JAMIE JONES		EMB9008	
44 NAME OF FUNERAL ESTABLISHMENT		45 LICENSE NUMBER		46 SIGNATURE OF LOCAL REGISTRAR	
INGLEWOOD CEMETERY MORTUARY		FD1101		JEFFREY GUNZENHAUSER, MD	
47 DATE mm/dd/yyyy		48			
09/21/2017					
101 PLACE OF DEATH					
RESIDENCE					
102 IF HOSPITAL, SPECIFY ONE		103 IF OTHER THAN HOSPITAL, SPECIFY ONE			
<input type="checkbox"/> IP <input type="checkbox"/> ERW <input type="checkbox"/> DOR <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Home <input type="checkbox"/> Other					
104 COUNTY		105 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)		106 CITY	
LOS ANGELES		425 MARKTON STREET		LOS ANGELES	
107 CAUSE OF DEATH					
Enter the chain of events - diseases, injuries, or complications - that directly caused death. DO NOT list terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without stating the cause. DO NOT abbreviate.					
IMMEDIATE CAUSE (Final disease or condition resulting in death)					
(A) CARDIAC ARREST					
(B) MULTIPLE MYELOMA					
(C)					
(D)					
108 DEATH REPORTED TO CHIEF MEDICAL OFFICER					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
109 BIRTH REPORTED TO CHIEF MEDICAL OFFICER					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
110 AUTOPSY PERFORMED					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
111 USED IN DETECTING CAUSE?					
<input type="checkbox"/> YES <input type="checkbox"/> NO					
112 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN (A) OR (B)					
COMPLETE ATRIOVENTRICULAR BLOCK WITH PACEMAKER, DIABETES MELLITUS TYPE II, WITH HYPERLIPIDEMIA, CHRONIC SYSTOLIC HEART FAILURE					
113 WAS OPERATION PERFORMED FOR ANY CONDITION IN (A) OR (B)? (If yes, list type of operation and date)					
PACEMAKER PLACEMENT 08/17/2003					
114 IF FEMALE, PREGNANT IN LAST YEAR?					
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
115 CERTIFY THAT TO THE BEST OF MY KNOWLEDGE (EARTH OR HEAVEN) AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED		116 SIGNATURE AND TITLE OF CERTIFIER		117 LICENSE NUMBER	
Decedent Attended Since Decedent Last Seen Alive		UYIOGHOSA EVELYN BROWN M.D.		A111559	
118 TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		119 TYPE ATTESTING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		120 INJURED AT WORK?	
UYIOGHOSA EVELYN BROWN M.D.		UYIOGHOSA EVELYN BROWN M.D.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
08/12/2012 05/02/2017		25825 SOUTH VERMONT AVENUE, HARBOR CITY, CA 90710		121 INJURY DATE mm/dd/yyyy	
122 INJURY DATE mm/dd/yyyy		123 INJURY DATE mm/dd/yyyy		124 HOUR (24 Hours)	
125 PLACE OF INJURY (e.g., 10112, constitution site, wounded while, etc.)					
126 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)					
127 LOCATION OF INJURY (Street and number, city, location, and city, and zip)					
128 SIGNATURE OF CORONER/DEPUTY CORONER					
129 DATE mm/dd/yyyy					
130 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
131 SIGNATURE OF CORONER/DEPUTY CORONER					
132 DATE mm/dd/yyyy					
133 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
134 SIGNATURE OF CORONER/DEPUTY CORONER					
135 DATE mm/dd/yyyy					
136 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
137 SIGNATURE OF CORONER/DEPUTY CORONER					
138 DATE mm/dd/yyyy					
139 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
140 SIGNATURE OF CORONER/DEPUTY CORONER					
141 DATE mm/dd/yyyy					
142 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
143 SIGNATURE OF CORONER/DEPUTY CORONER					
144 DATE mm/dd/yyyy					
145 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
146 SIGNATURE OF CORONER/DEPUTY CORONER					
147 DATE mm/dd/yyyy					
148 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
149 SIGNATURE OF CORONER/DEPUTY CORONER					
150 DATE mm/dd/yyyy					
151 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
152 SIGNATURE OF CORONER/DEPUTY CORONER					
153 DATE mm/dd/yyyy					
154 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
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156 DATE mm/dd/yyyy					
157 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
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161 SIGNATURE OF CORONER/DEPUTY CORONER					
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167 SIGNATURE OF CORONER/DEPUTY CORONER					
168 DATE mm/dd/yyyy					
169 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
170 SIGNATURE OF CORONER/DEPUTY CORONER					
171 DATE mm/dd/yyyy					
172 TYPE NAME, TITLE OF CORONER/DEPUTY CORONER					
173 SIGNATURE OF CORONER/DEPUTY CORONER					
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